

CHAPTER NINE

“TO CREEP IN AT MINE EYES”: THEATRE AND SECRET CONTAGION IN *TWELFTH NIGHT*

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Towards the end of the first act of William Shakespeare's *Twelfth Night*, Olivia speaks of falling in love with Cesario, a page who is in fact a young woman, Viola, in disguise:

Even so quickly may one catch the plague?
Methinks I feel this youth's perfections
With an invisible and subtle stealth
To creep in at mine eyes. (1.5.261-8)

On the surface, Olivia merely invokes the commonplace trope that love is a kind of affliction, something that one “catches”. When read in the context of a culture constantly besieged by plague epidemics, however, the statement is also redolent of an emerging contemporary understanding of contagion. The pathological movement of disease was of course not fully understood until the discovery of microbes in the late nineteenth century. Renaissance medical observers had no knowledge that plague had anything to do with rats and fleas. Since Antiquity disease had been understood as caused by an internal imbalance of the body; plague contamination occurred when a susceptible individual succumbed to miasma, or foul smelling air. Continental physicians, like Girolamo Fracastoro, advanced new, influential theories of pestilence spread by contagion. In this formulation, plague epidemics are generated by tiny, invisible “seeds” which communicate the affliction from body to body, anticipating later microbiological understandings of epidemiology. Disease becomes an external phenomenon capable of invading the body through its vulnerable orifices: the pores of the skin, mouth, ears, nostrils,

and even the eyes. Olivia's characterization of love's "plague" as an entity that "creeps" into the body by "subtle stealth" shows an awareness of this emerging conception of disease as contagious and communicable.

The statement gathers further meaning if it is remembered that the object of Olivia's affections is merely a stage device. The spectators are constantly reminded that Cesario is the disguised Viola, and, when she learns of Olivia's infatuation, she laments her confused identity: "Disguise, I see thou art a wickedness / Wherein the pregnant enemy does much" (2.2.25-6). Viola's description of herself as a "poor monster" (32), recalls the repeated invective of moralists in the period who saw cross-dressing as producing monstrous hybrids, and thus reminds the audience that beneath the costume of girl-disguised-as-boy is another boy, the player himself, and by extension, that beneath the veiled costume, Olivia is also played by a boy.

The staging practices of the playhouse companies, like cross-dressing boy players, generated a decidedly anxious response in the litany of oppositional sentiment that emerged in the form of poison-pen diatribes by the antitheatricalists. Theatre's position as a burgeoning, popular, profession on the outskirts of London was never an entirely comfortable one. The playhouses were frequently closed for often extended periods of time during plague epidemics, and contagion fear was the most commonly invoked indictment against the players.ⁱ In William Prynne's *Histrio-Mastix: The player's scourge or, actor's tragedy* (1633), perhaps the ultimate expression of the antitheatrical prejudice, it can be seen that plague becomes the resounding trope of this discursive assault on playing and playgoing.ⁱⁱ Prynne consistently figured theatre as a plague, "that most contagious plague, that pestiferous poyson" (418), a "Chair of pestilence" (330) that can infect and contaminate the spectators, transforming them into "contagious persons" possessed of "a most infectious, leprous, captivating, ensnaring qualitie . . . [who] will quickly corrupt all those who entertain their friendship . . . making them as vitious as themselves at last, though they were virtuously disposed at first" (149). In fact, Prynne imagines in *Histrio-Mastix* a veritable epidemic of theatre, an affliction potentially more dangerous than the bacterial infection we now understand as *Yersinia Pestis*, because it brings "Greater plagues and infections to your soules, then the contagious pestilence to your bodies" (364).

It is the excesses of the transvestite stage that often most outrages the antitheatricalists, a preoccupation that has been well established in early modern scholarship, but Prynne is particularly concerned with the contagious efficacy of cross-dressing on actor and spectator alike.ⁱⁱⁱ He singles out the process by which the players "traîne up Boyes for the

Stage,” a practice that teaches “them against the expresse instruction of God himselfe, how a male might be effeminated into a female, how their Sex might be changed by Art.” This he labels a “filthy and infamous contagion” that corrupts and adulterates the boy player’s gender identity, to the point where he may no longer possess one. He decries how the boy actor is asked:

not onely to put on womans apparell, but likewise to expresse obscene, womanish gestures [. . . and then . . .] combes back his hair, and effeminating nature with his visage, his apparell, his gesture . . . strives to represent the person of a tender virgin . . . and by unchaste infections of their members, effeminate their manly nature, being both effeminate men and women, yea, being neither men nor women, if we speake truely. (169)

The art of training boy actors is an “infection” that “effeminates nature” transforming them into “neither men nor women, but Monsters” (172), here invoking the very epithet the boy playing Viola playing Cesario gives himself in *Twelfth Night*. Indeed, as will be shown, monster became a byword for player throughout antitheatrical discourse.

This lascivious spectacle of boys personating women is especially dangerous to the spectator because it is “vile and filthy in the sight of all men” (206), and again Prynne employs plague as his rhetorical keynote. He characterises theatre as an entity able to enter the body of the playgoer by way of the eyes and ears. After arguing that playhouses were “the very worst evill” since spectators leave them senseless of the fact that they are now “diseased”, Prynne suggests that from theatre “both by the eyes, and by the eare, a disease may proceed to the very soule itself: they imitate the calamities and mischances of others from whence the contagion of filthinesse gets into ourselves” (431-2). Finally, in what reads like an all-encompassing summation of the antitheatrical project, Prynne encapsulates the plaguq threat that playgoing engendered:

If pestilent, wicked, vitious places will infect mens mindes or manners; What place so dangerous, so leprous, so contagious, as the Play-house? which the Fathers stile a Chaire of Pestilence. If adulterous, lascivious Spectacles are apt to poison, to contaminate the eyes, the soules, the lives, the manners of the Spectators, as they are: what Shewes, what Spectacles so lewde, so obscene, as those that are daily represented on Stage? If any, if every of these will severally corrupt men, in company, in places where there is little danger, as too oft they doe ; much more will they deprave men when they are all combined, as they are in Stage-plays ; where all the severall scattered corruptions that usually adulterate mens mindes and manners of themselves alone, unite their forces ; their contagions into one.

(498-9)

The playhouse is figured as ground zero for a spectacular epidemic and curiously, in both of these passages, the eye is rendered as the prime, vulnerable orifice through which the body becomes diseased and capable of spreading further contagion. Prynne encapsulates here, what is repeated constantly in antitheatrical literature: actors become agents of a contagious theatricality, theatre literally becomes a “filthy”, infectious material substance, and the hazardous sight of gazing on the spectacle of boys dressed as girls contaminates the body through the eye of the beholder. He possibly also provides a clue here, to understanding the nature of the “plague” that invisibly creeps into Olivia’s eyes in *Twelfth Night*, a moment of self-conscious recognition that, as this essay will propose, exhibits an awareness of antitheatrical identification of “theatre as plague”.

I seek to demonstrate in this chapter that the recurrent connection between theatre and contagion in antitheatrical discourse, and in plays like *Twelfth Night*, can be explained through an examination of the emerging understanding of both plague’s aetiology and other forms of contagion, such as lovesickness. While other critics have noted the disease-laden rhetoric of antitheatrical documentation, there has been almost no consideration of the implications of the way in which playwrights recognise and seem to consciously address this peculiar indictment.^{iv} It is my contention that *Twelfth Night* presents one of several examples of Shakespearean plays deliberately and self-consciously citing and responding directly to antitheatrical sentiment, and that this is most acutely apparent in the repetitive metaphorisation of theatre as a contagion in antitheatrical treatises.^v

Can Soonest Pierce Into Our Secret Parts

The rhetoric of plague in antitheatrical discourse clearly takes its cue from the abundance of plague pamphlets that circulated in England throughout the late sixteenth and early seventeenth centuries. The devastating impact of plague outbreaks such as those in 1592/3, 1603, 1625 and 1636, presented civic authorities, medical practitioners, and religious leaders with crises of mortality and potential social chaos, the magnitude of which threatened the breakdown of institutional structures. Until effective hygiene and indiscriminate quarantine measures were introduced during the epidemic of 1665, the preventative strategies employed by civic authorities had little success.^{vi} Flight was often perceived as the best remedy, as the plague seemed able to elude all

practical and spiritual efforts to contain and reduce its ferocity. The plague appeared to have a will of its own; and all that could be done, seemingly, was to wait for it to run its course. The frequency with which epidemics afflicted England during this period created a culture that was periodically consumed by a conscious fear of contagion, and perhaps constantly moved by a subconscious fear of it.

This anxiety was no doubt provoked by the fact that the material processes of the plague and its spread were literally beyond the sight of early modern observers. The cause, mode of transmission, and proper treatment for plague were only discovered after developments in medical science in the late nineteenth century. In the sixteenth and seventeenth centuries, while an anticipation of late modern microbiology can be seen in the increasing understanding of plague as an exogenous phenomenon, medical opinion on plague was primarily based on assumptions gleaned from the experience of observing preceding epidemics.^{vii} The overwhelming impression given by the discursive responses to plague in the period, however, despite the claims that they were revealing the “true signs” of the disease, is one of confusion and uncertainty.^{viii} Symptoms of other diseases were often mistaken for those of plague: the signs of the disease in the body could “change” and thus “deceive” the physician, and during epidemics it was thought that other ailments like influenza could mutate into plague.^{ix} The nature of plague led most theorists with a medical background to express doubts over the aetiology of the disease, and to assign a supernatural cause as the ultimate foundation for plague outbreaks. Members of the clergy who attempted to explain plague took advantage of this uncertainty; arguing that while God might work through material means, divine providence was responsible for the affliction sent as a “fatherly” correction for the sins of the populace.^x Whatever the case, the plague’s secretive and apparently random passage through the streets of a township, with its variable symptoms, gave the disease a mysterious, arbitrary quality.

The unique and crucially invisible method of plague’s spread made diagnosis, as well as the institution of successful preventative measures, incredibly difficult. It also forced observers to rethink the relationship between disease and the body. While plague pamphlets still substantially drew the basis of their theories from the work of Galen, the medical documents of the late sixteenth and early seventeenth centuries were beginning to incorporate the research of medical practitioners on the Continent. The Galenic principle that disease was an endogenous phenomenon—occurring ostensibly as the result of an imbalance in the body’s humoral make-up—seemed inadequate as an explanation for

illnesses like syphilis and plague, that could clearly spread themselves from person to person. The work of Fracastoro, a Veronese physician, and Paracelsus, a Swiss physician, challenged the Galenic model by arguing that disease was not the product of humoral disorder, but was an ontological entity existing outside the body. The new medical paradigm was to conceive of plague as a contagion spread by tiny agents, and not as an entirely internalised phenomenon. Fracastoro, after his earlier work on syphilis, published his ideas about plague's transmission in his 1546 treatise *De Contagione et Contagiosis Morbis*. As Jonathan Gil Harris has summarised it, the treatise incorporated Fracastoro's new contagion model into the old Galenic one:

Although he still insisted upon the humours' privileged role in maintaining or jeopardizing the health of the individual organism, he deviated . . . from Galen in asserting that epidemic diseases could be spread over distances by miniscule agents of infection which he called the *seminaria prima*, or primary seeds, of contagion. These seeds were absorbed through the mouth, where they would seek out and adhere to the humour for which they felt a natural affinity; the humour then conveyed the *seminaria* to the heart, at which point the effects of the illness would become palpable. (1998, 23)

Around the same time, Paracelsus also argued that disease was an ontological occurrence. But he took a more radical departure from Galen's theories, suggesting that disease was an existential entity, again consisting of seeds, infiltrating the body from without:

This seed of disease was in most cases a mineral (from the earth) or gaseous element (from the stars) of the minutest corporeality . . . the seed would direct itself through the body's orifices or pores towards the organ to which it was related by a predestined sympathy. From the conjunction of seed and organ was engendered the disease, a parasitic complex with a life of its own. (23-4)

While both theorists relied on old models to formulate their arguments, they propagated a shift in medical thought from a conception of disease as an endogenous phenomenon to a predominantly exogenous one.^{xi} This paradigmatic shift began to influence medical and social responses to plague throughout Europe, and had an impact on the plague literature of Elizabethan and Jacobean England.^{xii}

The fact that contagionist models gained currency in England throughout the period can be seen in their widespread use in plague pamphlets. Thomas Lodge's *A Treatise of the Plague* (1603), a response to

the devastating epidemic of that year, figured plague as “an euil qualitie in a body”, “ravishing” its victims and “communicated” to others by breath and touch. Attempting to assess the unique nature of the plague, he made a fundamental distinction between sicknesses that he termed “*Epidemick*” and “*Endemick*” (categories in which he included the plague) and that which he called “priuate disease” (B1^v). Private diseases afflicted the individual and, following Galenic logic, he defined these as “not contagious” and resulting in “the corruption of the humours in his bodie,” as a consequence of poor diet or an excessive action or behaviour. In contrast, the plague was a public, “popular . . . common sicknesse . . . which is both contagious & mortall” (B2^f). As distinct from private illness, the communal plague was regarded as something external that invaded the body and then, as Fracastoro argued, distorted the humoral accord. Lodge thought that

plague proceedeth from the venomous corruption of the humors and spirits of the body, infected by the attraction of corrupted aire, or infection of euil vapours, which have the propertie to alter mans bodie, and poison his spirits after a straunge and dangerous qualitie, contrary and mortall enemy to the vitall spirits, which have their residence in the heart : by reason whereof it suddainly rauisheth & shortly cutteth off mans life, who for the most part is attainted with such a venomous contagion . . . (B2^v)

Lodge explained plague as ontologically possessing some foreign “propertie” able to “alter” the body’s internal wellbeing. Rather than suffering internal imbalances, the body was “attainted” and poisoned by something alien. Throughout the tract, Lodge repeatedly argued that the infected air consisted of “seeds”, “vapour”, or “venom” that infiltrated the body by way of the mouth or the pores of the skin. Unable to explain or define what precisely this matter was, he asserted nonetheless that it was “contrary to our substance” (B3^v).

While Lodge’s recommendations for preventing contagion and curing victims would have been familiar to a Galenic physician—fumigation, bloodletting and a regimen of diet and lifestyle—he adapted these methods to the concerns of the contagionist model. In terms of diet and behaviour, for instance, he suggested avoiding excessive use of wine and sex, which “overcharged” the body with heat, causing the pores to open and thus leaving it more vulnerable to infection. Bloodletting would expel the plague’s venom from the body but, he cautioned, was only to be conducted if the patient had been infected in the previous twenty-four hours. After this initial period, bloodletting became dangerous since it forced the contagion to be drawn towards the heart. On this issue he cited Fracastoro

himself:

HIEROME FRACASTORIUS an excellent and noted Physitian . . . in his treatise of the Plague, the third Booke and fift chapter, who testifieth that all they, who in the pestilent yeeres of 1505. and 1528. were let blood, died all of them by the reason aforesaide, because that where the interior seede of the venime is scattered and mixed with the blood and humors of the body (which is done in two daies space or thereabout after a man feeleth himselfe infected) letting blood is greatly harmefull, because it causeth agitation of the blood . . . and by such agitation and motion the contagion doth more inwardly mix it selfe with the humors, and maketh them . . . corrupt and infected. (H1^v)

Clearly, Lodge took into account the new contagion theory even as he advocated more traditional medical practices, incorporating the new continental thinking into the Galenic humoral model. Stephen Bradwell's *Physick for the Sicknesse, Commonly Called the Plagve* (1636) revealed an even greater adoption of the contagionist model in his explanations of disease's causation. He defined plague as an infectious entity consisting of precisely the *semina* identified by Fracastoro:

I define *Infection* or *Contagion* to be *That which infecteth another with his owne qualitie by touching it, whether the medium of the touch be Corporeall or Spirituall, or an Airie Breath . . .* the Plague infects by all these ways, and such sicke bodies infect the outward Aire, and that Aire again infects other Bodies. For there is a *Seminarie Tincture* full of a *venomous quality*, that being very thin and *spirituous* mixeth it selfe with the Aire, and piercing the pores of the *Body*, entreth with the same *Aire*, and mixeth itself with the *Humors* and *Spirits* of the same *Body* Also. (B3^v-B4)

While the contagious nature of plague as an exogenous, invasive entity was clearly accepted here, the invisible nature of the affliction made its progress through the city mysterious and impossible to trace. In response to this perplexing attribute of plague, the pamphleteers frequently deferred to divine intervention as the only conceivable explanation for an otherwise random process: as Bradwell wrote, "the medium of the touch" which transmitted plague could be "spirituall".

In such instances the plague pamphlets conjoined medical and moral understandings of contagion. Bradwell's striking reference to the transmission of plague as carried out by either corporeal or spiritual "touching" was indicative of this conflation. Sometimes writers even professed that there was a divine influence on medical practice. Lodge

claimed to be assisted by God in his explanatory purpose, and that it was He in his wisdom who had provided the “sacred Art of Phisicke” to treat those afflicted by plague (B1^v).

Theological additions to the debate on the plague’s causes also indicated a mixture of medical and moral conceptions. While religious responses to the disease generally subscribed to a providential model of illness, from the sixteenth century onwards there was a perceptible shift towards a relative acceptance of medical ideas and methods—as well as an adoption of medical language and metaphors—in the work of theologians. This was as much due to an increasing number of priests and divines who also practised medicine as it was to the acceptance of scientific argument about plague’s aetiology. The step from clergyman to physician was a reasonably simple one: both professions enjoyed a similar status in the social stratum and Puritan reformers strongly recommended that all members of the clergy perform medical service (Wear 1985, 69).^{xiii}

The theological approach to plague, and indeed all illness, subscribed to the Calvinist doctrine of Providence—the principle that dominated religious thought in the later Reformation (Harley 1993, 101). Calvinists believed that God worked through secondary causes. There was no such thing as a random or accidental affliction—all was part of a divine plan. Material explanations of disease did not contradict providential theory, so long as they attributed the primary cause to God’s handiwork. Henry Holland’s *Spirituell Preservatives Against the Pestilence* (1593) will serve to illustrate this notion. Holland’s title announced his purpose: which was to add holy medication to the remedies used in plague time and, as the title page contended, to demonstrate “that the plague is a mixt euill of knowne and secret causes, and therefore so hardly healed by naturall curatiues only.” This opinion explicitly recognised plague’s material means but divine (“secretive”) source, and averred that medical method must be guided by piety. Holland suggested a combination of sensible practicality (“remove all naturall causes which seeme to breede . . . this venomous contagion”) and spiritual precautions: “pare away all rotten proud sinnes of this citie” (3). The treatise argued that all plague victims should be placed in the care of the clergy, who could provide them with corporeal and spiritual aid. In addressing the causes of plague, Holland referred to the arguments of physicians on the subject; and he highlighted the changing conception of the disease as an invasive, contagious entity, rather than an internal occurrence affected by climatic conditions:

They [physicians] all saie, that it is an infectious poison, deadly enemie to the vitall spirits, with speed flying into the heart of the castle of life . . . they say it is not bred of anie elementall qualitie, cold, hot, drie, moyst . . .

but doth proccede from some venomous pollution which is spred in the aire. (16)

He countered these conceptualisations by maintaining that physicians saw the mode by which plague travelled but ignored its real cause, since “putrefaction of the ayre . . . can never alone breed the Pestilence [it increases the contagion but can never beget it, therefore] the Pestilence is an effect of some higher power” (16). The source of plague was as a God-sent punishment for sin, and Holland listed the sequence of “true” causes including “corporall whoredome,” blasphemy, rebellion, and contempt against the word of God and the clergy, along with the other usual suspects: sodomy, pride, gluttony, and idleness (17-20). Holland did, however, appear to accept contagion as the means by which the disease was transmitted and received into the body, and even proposed his own hypotheses. For instance, in regard to the belief that plague was more infectious at midday than at any other time, he wrote:

the cause of this, I take it, is for that in the day, the pores of our bodies are opened, and then when the sun is in the highest pitch of the meridionall line, most open in all parts and arteries. This time therefore we are most apt to receive any poison, and this infectious vapoure, can soonest pierce into our secret partes. (23)

Holland patently followed the providential model of plague, with God as primary cause and contagion as the secondary means by which His will was made manifest. He not only thus exemplified the continuing acceptance and incorporation of medical theory into religious discourse on the subject; Holland clearly warns his readers that their bodies are vulnerable to invasion by a covert, exogenous entity, the “infectious vapour” later described in more detail by Lodge and Bradwell.

The Contagion of Theatrical Sights

The crucial shift from medical to moral notions of plague in English plague literature, particularly but not exclusively in religious writing on the subject, as well as the increasing acceptance of the theory that plague was an infectious entity able to be spread from person to person, was to impact on thinking about “theatre as contagion”. Antitheatrical pamphleteers appropriated these theoretical suppositions along with the metaphorical associations of plague put into circulation in this discourse, using them to characterise theatre and theatricality as a form of plague-like infection. Players and playgoers alike are charged not only with spreading material

contagion but also with the responsibility for the increase of a more soul-destroying variety of histrionic plague.

As was briefly established above in the discussion of Prynne's work, it is the eye, and to a lesser extent the ear, in antitheatrical discourse that become the conduits, the metaphorical "pores" of the spectator's skin, that allow the contagion of theatre access to the body and to pierce, as Holland put it, into its secret parts. To Anthony Munday, in *A Second and Third Blast of Retrait from Plaies and Theaters* (1580), theatre possessed the inimitable capacity to unify actor and playgoer simultaneously in sinful activity:

Againe, al other evils pollute the doers onlie, not the beholders, or the hearers. For a man may heare a blasphemers, and not be partaker of his sacriledge, inasmuch as in minde he dissenteth. And if one come while a roberie is a doing, he is cleere, because he abhors the fact. Onlie the filthiness of plaies, and spectacles is such, as maketh both the actors & beholders giltie alike. For while they saie nought, but gladlie looke on, they al by sight and assent *be actors* . . . (3, emphasis added)

Like bystanders who become accessories by simply witnessing a crime, the peculiar "filthiness" of playing transforms the "giltie" beholder into an *actor*, a consenting participant in the theatrical transgression. Crucially, this transference of sin between actor and spectator occurs "by sight", the "beholder" is infected by "gladlie looking on", making explicit the bodily penetration often hinted at in antitheatrical discourse. A similar reciprocal transaction is declared in the extended title of William Rankins' pamphlet, *A Mirrour of Monsters*, wherein actors are not only "monsters" but the spectators who gaze into this "mirrour" expose themselves to the "*spotted enormities that are caused by the infectious sights of Playes*" and as a kind of sordid bonus become the "*instruments*" of "*Sathan*." Rankins figures the players as "ungrateful vipers . . . whose pleasure as poison spreddeth it selfe into the vaines of their beholders" who are imperilled by their "infectious poison" merely by being within *sight* ("neere the view") of their "vicious exercise" (1587, F1^r). In Munday's assault on the stage, the ears and especially, the eyes, become the primary apertures for the entrance of "filthie things" into the spectator's body:

There cometh much euil in at the eares, but more at the eies, by these two open windowes death breaketh into the soule. Nothing entereth more effectualie into the memorie, than that which cometh by seeing . . . the tokens of that which wee haue seene . . . stick faste in us whether we will or no. (95-6)

The proverbial windows to the soul are figured as permeable orifices through which theatre's "tokens", a common name for plague sores, infest and "stick fast" in the playgoer's mind and body, an infection to which they remain insensible.

Stephen Gosson, who labeled the playhouses "the chaires of pestilence" (B7^r), also expressed this concern about theatre's effect on its audience in his work of 1582, *Playes Confuted in Fiue Actions*. Professing to expose "the effects this poison works among us", he suggests that the transference of theatrical disease occurs covertly, even though the spectator can see what is being presented, since the "impressions of mind are secretly conueyed over to the gazers, which the plaiers do counterfeit on the stage". Gosson thus equates this process to the secret passage of plague contagion. The playgoer is contaminated with theatricality by watching the player's imitation of vice:

they that came honest to a play, may depart infected [no] corruption can be greater, then that which is daily bred by plaies, because the expressing of vice by imitation, brings vs by the shadow, to the substance of the same. (G4^r)

So powerful is theatre's hold over the spectator that it becomes an addiction, a kind of ocular drug.^{xiv} Once tainted, the spectator is helplessly compelled to return, as Gosson suggests of comedies where "the longer we gaze, the more we crave, yea so forcible they are, that afterwards being but thought upon, they make vs seeke for the like an other time" (F6^r). On various occasions Gosson also figures the eyes, ears, and veins of the spectators as orifices vulnerable to penetration in the playhouses, which he paints as the nurseries of idolatry. He suggests that it is through the eyes and ears, in particular, that the spiritual wellbeing of the spectators is put most at risk, and their vigilance must be rigorous:

yf we be carefull that no pollution of idoles enter by the mouth into our bodies, how diligent, how circumspect . . . ought we be, that no corruption of idoles, enter by the passage of eyes and eares into the soule? We know that whatsoever goeth into the mouth defileth not but passeth away by course of nature; but that which entreth into vs by the eyes and eares, muste be digested by the spirite. (B8^v)

This optical and auditory contagion easily penetrates its victim's very soul, which like the poison of the plague is very difficult to expel. John Rainolds' closing statements in his 1599 pamphlet *Th' overthrow of Stage-Playes* continues this line of thought concerning theatre's sensory assault. Rainolds attests to his unease over how "all spectators commonlie are

hazarded by the contagion of theatrical sights” (sigs. X3^v-X4).

It is the act of seeing that especially allows the transmission of disease, but theatre pollutes, like the plague, in ways unseen and by covert passage. The body of the spectator in the playhouse is at risk of being invaded by the infection of theatre. Crucially, as the above testimonies suggest, the playgoer is infected without realising it, through the eyes—one of the very senses that makes them spectators and presumably makes the pleasure of theatre so palpable. Almost paradoxically, the spectators themselves became, as Prynne put it, “contagious persons” with a “captivating” and “ensnaring” quality that helped them “corrupt” anyone who strayed into their proximity (149). To understand this seeming doubleness, it is necessary to briefly examine the intersection between medical and magical thinking about the ocular function in early modern culture.

This recurrent connection between plague, the contagiousness of theatre and the eye is resonant of the understanding of eyesight in early modern culture, and reveals an acute anxiety and superstition in the period over not only the vulnerability, but also the power of eyes. Eyes were understood as dangerous conduits, simultaneously conceived as passive receptacles susceptible to infiltration by external material and light-borne forces, but equally capable of emitting potent beams with the power to dazzle, seduce, infect, or even kill the object of their gaze.^{xv} In scientific attempts to define the eye, as Sergei Lobanov-Rostovsky has suggested: “The eye becomes, in effect, a third realm, distinct from both world and soul, a realm much like London’s liberties, which originated as a defensive barrier but became a site of spectacle and temptation” (1997, 202). Sight, in many contemporary documents, occurs not only by way of the eye receiving a material substance into the eye, but also, by emission of “spirit” or “pneuma”. An exchange of vision between individuals provoked the possibility of spreading disease, in a conception not dissimilar to the contagionist theories of Paracelsus and Fracastoro.

Lovesickness, or love melancholia, thought to be a potentially fatal illness in medieval and early modern culture, is often figured as a communicable disease, one caused by pathogenic rays transmitted between eyes. Andre Du Laurens, in *A Discourse of the Preseruation of the Sight*, translated into English and published in London in 1599, just a couple of years before *Twelfth Night* was written and first performed, depicts the eye as love’s secret passageway:

Yea tell me, how many soules haue lost their libertie through the sight of the eyes? Doe not men say that that little wanton, that blind archer doth enter into our hearts by this doore, and that loue is shaped by the glittering glimces which issue out of the eyes, or rather by certaine subtle and thin

spirits, which pass from the heart to the eye through a strait and narrow way very secretly, and hauing deceiued this porter, doe place loue within, which by little and little doth make it selfe the Lord of the house, and casteth reason out of the doores? (D2^v)

Donald Beecher situates this account of “eroto-contagion”, along with other treatments of lovesickness like Jacques Ferrand’s *De la maladie d’amour ou melancholie erotique* (1610) and Robert Burton’s *Anatomy of Melancholy* (1616), in an extensive tradition of thought from Plato, Avicenna and Galen through to its encapsulation in Marsilino Ficino’s *Commentary on Plato’s Symposium on Love* (1484), a text that became “an *idée force* among medical philosophers in the sixteenth and early seventeenth centuries” (2005, 33). Ficino conceived of lovesickness as an eye-borne contagion as venomous as the plague, and Beecher contends that this medical tradition maintained a stance that

eyebeams have the capacity to alter blood and cause infections in the same way that stinking air . . . causes contagion . . . [and] that love is not only like a disease, but by dint of its symptoms a veritable disease, which by extension must be contracted through the transfer of pathogens from body to body—pathogens that in turn produce results similar to parasitic agents in an unwilling host. (37-9)

The powerful gaze of the erotomaniac was often compared to the evil eye or to the equally deadly stare of the cockatrice or the basilisk, fantastical beasts that could kill with a glance but also, as Du Laurens put it: “The Basiliske by his sight poyeseneth all them who look vpon him” (1599, G3^v).

Linda Woodbridge has examined the palpable belief in the magical idea of the evil eye throughout the period, which held that the possessor’s gaze had the power “to cause illness, deformity or even death to people, animals or crops by simply staring at them” (1994, 23). Like lovesickness, the evil eye propagates by ocular contagion: “One evil eye belief is that possession of the evil eye is contagious; as the victim of a vampire becomes a vampire, so a victim of the evil eye can afflict or kill others” (67). This fear of the infectious, penetrable gaze is evident in antitheatrical discourse; once infected with this ocular affliction, the spectator then spreads the contagion to the rest of the populace. It was commonly thought that even the plague itself could be transferred by such means. In his seminal and wide-ranging study of the evil eye, Frederick Elworthy, notes: “It was commonly believed in England at the time of the Black Death, that even a glance from the sick man’s distorted eyes was sufficient to give the infection to those on whom it fell” (1895, 34). But Woodbridge further

suggests that the evil eye is quite different to “animal fascinators” like the basilisk in that they threaten as much by being seen as by seeing: “In evil eye beliefs, it is the eye looking at the victim that kills . . . In the case of the fabulous basilisk or cockatrice, it is the basilisk looking at the victim while the victim is looking at the basilisk that kills, and this complex reciprocal gaze . . . can operate without its possessor’s will” (1994, 222). This reciprocal exchange of looks is closer to the kind of pathological arrangement imagined in the treatises on lovesickness, and indeed, that repeatedly demonstrated in the antitheatrical obsession with the scopic peril of theatre. For antitheatricalists, the danger to the spectator was in gazing upon the lascivious spectacle of personation, particularly that of the cross-dressed boy player. The histrionic pathogens invade the body in a covert and untraceable way and, as Gosson argued, with both player and spectator supposedly insensible to the contaminatory process. It is precisely such a situation, with all of the attendant risks of contagion, that seems to be consciously dramatised in *Twelfth Night*.

The Infection of the Device

In the opening moments of *Twelfth Night* the playgoers get a powerful image of the connection between eyes and miasmatic plague, as Orsino, one of several characters in the play who explicitly exhibit signs of lovesickness, recounts his first glimpse of Olivia as a vision that cleansed the infected air:

O, when mine eyes did see Olivia first
 Methought she purged the air of pestilence;
 That instant was I turned into a hart. (1.1.18-20)

The moment is contaminating, Orsino is transformed into a hart (punning on heart), infected by sight with the “spirit of love” (9) and “E’er since pursue[d]” (22) by his “desires, like fell and cruel hounds” (21); but the image is also curative—Olivia has “purged the air”, cleansing “pestilence” from the atmosphere, preventing further infection. The images of both plagu-y air and infection received through the eye will recur at critically self-conscious moments in this play, so it is pertinent that it commences with such a vivid connection between the two.

Indeed *Twelfth Night*, like many of Shakespeare’s plays, makes an abundant use of disease imagery. Metaphors of bubonic and syphilitic plagues resonate throughout the text. The popular imprecatory use of plague language as an emotive expression can be seen in Sir Toby Belch and Sir Andrew Aguecheek’s cursing: “A plague o’ these pickle herring!”

(1.5.105-6), and “Pox on’t . . . Plague on’t” (3.4.249-52). When Sir Toby describes Feste’s singing voice as “a contagious breath” he borrows the metaphor from theories of miasma that regarded plague as an airborne contagion. What is more intriguing about the play’s deployment of the language of disease, however, is the apparent replication of the antitheatrical identification of theatre as plague.

Malvolio is constructed as a kind of antitheatricalist in the play. His name, *mal volio*, means, of course, “ill will” and he represents those members of Elizabethan society who were opposed to the theatres and particularly the theatrical revelry seen during celebratory occasions like *Twelfth Night*. Malvolio plays the Lenten, prohibitive, voice of restraint to the riotous, carnival spirit of the allegorically named Belch, Aguecheek, and Feste, all of whom as Sir Andrew suggests, “delight in masques and revels sometimes altogether” (1.4.94-5). When Malvolio attempts to curtail an evening of drunken celebration, calling it “uncivil rule” (2.3.111), he is described by Maria as “a kind of puritan” (125). His symbolic opposition to carnivalesque festivity is neatly encapsulated in Sir Toby’s retort: “Dost thou think because thou art virtuous there shall be no more cakes and ale?” (2.3.104-5), which in itself could stand as a clever rejoinder to antitheatrical polemic. But, as Maria informs the unruly trio, Malvolio’s puritanical persona is tempered by the seemingly contradictory vice of pride since, as Olivia pointedly remarks, he is “sick of self love” (1.5.77). His high opinion of himself leads him to believe “that all that look on him love him,” and it is these “grounds of faith” (2.3.135) that make him believe that his love for Olivia will be returned in kind.

Olivia is obviously of a much higher degree than the steward, so Malvolio’s ambitious desire and his self-obsession combine to mark him as a social climber—something that would surely have been seen by a contemporary audience as distinctly anomalous with his puritan outlook. Malvolio’s hypocrisy provokes a fitting revenge. Maria’s forged letter, that makes him think Olivia is in love with him, is explicitly devised as a “physic” (2.3.152) to cure his narcissistic and lovesick afflictions, the same conditions that make him believe the note to be penned for his eyes alone. The humiliating device comes in the form of a shift in theatrical role. The letter asks that he cast off his current dour, subservient persona in Olivia’s presence and put on a new identity; one more befitting his magnanimous conceit but which will be sure only to further his mistress’ contempt. This transformation involves not just a new demeanour but a change of costume as well:

be not afraid of greatness . . . Thy fates
open their hands, let thy blood and spirit embrace them, and to

inure thyself to what thou art like to be, cast thy humble slough, and appear fresh. Be opposite with a kinsman, surly with servants. Let thy tongue tang arguments of state; put thyself into the trick of singularity . . .
Remember who commended thy yellow stockings, and wished to see thee ever cross-gartered. I say remember, go to, thou art made if thou desirest to be so. (2.5.126-35)

Malvolio vows to take on the new role as promptly as it will take to change his clothes: “I will be strange, stout, in yellow stockings, and cross-gartered, even with the swiftness of putting on” (2.5.148-50). The trick induces a carnivalesque inversion as the sanctimonious steward “is turned heathen” (3.2.59), and he plays his role with such theatrical relish that Olivia remarks “this is very midsummer madness” (3.4.52), alluding to carnival time. After watching the performance they scripted so well, Malvolio’s tormentors gather to dissect the show. The brief discussion that ensues draws self-reflexive attention to the theatricality of the event, but is also couched in a language closely resembling that so frequently employed by antitheatricalists:

SIR TOBY
Is’t possible?

FABIAN
If this were played upon a stage, now, I could condemn it as an improbable fiction.

SIR TOBY
His very genius [spirit] hath taken the infection of the device, man.

MARIA
Nay, pursue him now, lest the device take air and taint. (3.4.113-18)

Earlier Maria described Malvolio as “possessed” with a “very strange manner” (3.4.8-9), and now Sir Toby invokes disease metaphor as a way of defining how the steward’s role-change has taken hold of him. The notion that he is somehow “infected” by his feigning recalls the antitheatrical understanding of acting as both mentally and physically contaminating. The idea that his infected spirit might “take air and taint” appears to acknowledge the belief articulated in this discourse that theatricality was contagious and could transfer itself to others. In a continuation of this wickedly pleasurable persecution, they later lock him

in a cupboard and perform a mock exorcism to rid him of his histrionic disease. This is also played out as a self-consciously theatrical scene with Feste “dissembling” himself as “Sir Topas, the curate” (4.2.2-4), pretending to treat what they paint as Malvolio’s madness. Feste assumes the disguise onstage before confronting the confined “lunatic” (20) and with reference to an ancient plague continues to liken his condition to a pestilent infection, “in which thou art more puzzled than the Egyptians in their fog” (38-9).

Of course, the entire subplot is framed as a parodic play-within-the-play. Malvolio is not mad, nor is he infected by the theatrical affectation he puts on for the sake of living out his self-serving fantasy. The spectators would believe him when he protests to “Sir Topas” that he is not a lunatic and that his performance is “but counterfeit” (4.2.105). His theatricality is no threat to anyone: he has merely taken the bait and been duped by the trick, hence the double meaning in the discussion that he has “taken the infection of the device” and their concern that the joke might be given away (“take air and taint”) before they can have any more fun with him. In ridiculing an antitheatrical figure by having him fall victim to a theatrical ruse, literally theatricalising antitheatricality, *Twelfth Night* appears to respond to the theatre’s enemies, exploiting the opportunity for satirical purpose. Seemingly aware of the antitheatrical accusation that theatre is contagious, the play deliberately parodies the idea in a riotous series of comic interludes.

The play is highly conscious of its own theatricality: particularly in relation to the disguising of Viola as Cesario that fuels the main plot, and which involves a boy player enacting the part of a female character pretending to be a male. The dialogue continually and deliberately plays upon the audience’s knowledge of the disguise and, indeed, the gap between actor and role. When Viola first enters as Cesario, despite her best efforts to be convincingly masculine in voice, gesture, and costume, Orsino cannot help but notice feminine features in his new page, which he passes off as attributable to Cesario’s youth:

For they shall yet belie thy happy years
That say thou art a man. Diana’s lip
Is not more smooth and rubious; thy small pipe
Is as the maiden’s organ, shrill and sound,
And all is semblative of a woman’s part. (1.4.29-33)

Viola’s “I can say little more than I have studied” (1.5.158), as in the learning of lines, and “I am not that I play” (164), continues to draw attention to her counterfeit identity during the meeting with Olivia. When

Viola learns that Olivia is in love with her, she explicitly refers to the confusion of identity her disguise engenders, while lamenting the bizarre love triangle she is caught in:

Disguise, I see thou art a wickedness
 Wherein the pregnant enemy does much . . .
 How will this fadge? My master loves her dearly,
 And I, poor monster, fond as much on him,
 And she, mistaken, seems to dote on me.
 What will become of this? (2.2.25-34)

This passage, delivered as part of a soliloquy in direct address to the audience, draws attention to the artificiality of her deceit and thus also highlights the complex layers of theatricality involved in her part. As a result of her cross-dressing Viola imagines that she has become precisely what the antitheatricalists feared most about this practice: a strange, monstrous, hybrid creature that is neither male nor female, or somehow both. The speech thus simultaneously reveals the disguise and in the same moment exposes the boy actor beneath both roles. The notion that all acting is merely disguise is temporarily laid bare.

The use of the term “monster” to describe Viola’s slippage into hybridity seems to deliberately quote from antitheatrical rhetoric about the dangers of cross-dressing, and of all acting. As discussed above, Prynne frequently levels the word monster at the crossdressed player, Rankins’ *A Mirrour of Monsters* used the term to describe actors more generally, and Philip Stubbs employed it to castigate both the players and those men and women on the streets of London who chose to “adulterate the verity of [their] own kinde” by cross-dressing which turned them into “Hermaphrodites, that is monsters of both kindes, half women, half men” (1583, F5^v). In the construction of theatre as plague, the act of viewing such a spectacle made the beholder vulnerable to becoming a monster themselves, as Munday put it: “Manie of nature, honest, and tractable, have bene altered by those shoves and spectacles, and become monstrous” (1580, 93). Again, the play appears to be responding to antitheatrical constructions of theatrical practices. This is even more apparent when Olivia speaks of falling in love with that which she thinks is the young page, and in every part the gentlemen he claims to be:

I’ll be sworn thou art.
 Thy tongue, thy face, thy limbs, actions and spirit
 Do give thee five-fold blazon . . .

How now?

Even so quickly may one catch the plague?
 Methinks I feel this youth's perfections
 With an invisible and subtle stealth
 To creep in at mine eyes. (1.5.261-8)

On the surface, Olivia merely uses the trope of infection to express the ease with which she is caught by love. However, the ocular means of love's transmission invokes the contemporary understanding of lovesickness as a pathogen that invades the eye, and by extension the emergent conception of plague's aetiology as a poisonous vapour consisting of airborne seeds with potent and invisible agency to invade and corrupt the body. Underlying this, furthermore, are subtle digs at the antitheatrical arguments that watching theatre, and particularly the spectacle of boys dressed as girls, not only incited inordinate, sinful lusts in male spectators but also placed them in danger of catching the theatrical illness and being turned into women themselves. According to the scopic anxieties of the antitheatricalists, the contagion of theatre could "creep" through the eyes, as Olivia says.

The penetrative and penetrable gaze was generally thought of as a particularly gendered exchange, "a male fear of the woman's gaze", embodied by the poisonous stare of the cockatrice, "Elizabethan slang for prostitute" (Lobanov-Rostovsky 1997, 206). But the basilisk was an altogether more troubling, complex creature, as Woodbridge suggests, "it is fitting that the basilisk confuses gender: it was said to be born from a cock's egg. It was also a confusion of kinds, part serpent, part bird; like all such boundary crossers, it gathers power and danger from its hybridity" (1994, 223). The role of Olivia is, of course, also played by a boy, and "her" rapture at the spectacle of this "youth's perfections" (who is a boy playing a girl playing a boy) intimates the homoerotic undertones that resurface throughout the play and that so threaten the theatre's enemies. To antitheatricalists, it is the boy player's disruption of the categories of gender difference—his radical hybridity—that produces anxiety. On the stage of *Twelfth Night*, with Olivia infected by Cesario, hybrid monster is infected by gazing upon hybrid monster, basilisk is struck by basilisk—an antitheatrical nightmare.

There is, however, an unavoidable self-consciousness to Olivia's declaration. The passage certainly trades heavily on the antitheatrical rhetoric linking theatre and plague, and even other kinds of contagion, in its use of the notion that the spectator (in this case Olivia) is infected with the disease of theatricality without realizing it, since it enters the body via the vulnerable eyes with "subtle stealth"—precisely the point made about the danger of theatre by Rankins. *Twelfth Night* thus seems to confirm the

hidden dangers of disguise and tranvestism. But, crucially, and with perhaps deliberate irony, unlike the supposedly unwitting, insensible spectator, Olivia, or the boy playing her, seems all too aware of the plague of love's discrete passage into the body through the eye, and paradoxically speaks of seeing the "invisible and subtle" entity "creeping" its way in. Like the subplot surrounding Malvolio, no one is in any real danger of infection. The notion that theatre was an infectious entity, an idea that has already been shown to circulate throughout antitheatrical discourse, is a matter of explicit critical comment in *Twelfth Night*. Theatre as plague is here inscribed into the language of early modern drama; and Shakespeare appears to be self-reflexively commenting on the notion of theatrical contagion and, by way of mocking satire, responding to the accusations of anti-stage writers.

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In *Politics, Plague, and Shakespeare's Theatre* (1991), Leeds Barroll provides a comprehensive analysis of just how frequently the business of playing in London was stalled by the closure of playhouses during even minor outbreaks, and considers its probable impact on Shakespeare's professional career. A foundational study of the plague in Shakespeare's lifetime can be seen in Wilson (1927). Among the earliest indictments of theatre as a likely culprit in the cause and spread of material contagion is proffered by Edmund Grindal, then bishop of London, in 1564: "ther is no one thing off late is more like to have renewed this contagion, then the practise off a le sort of people, . . . I meane these Histriones, common playours; who now daylye, butt speciallye on holydaye ttt vp bylles, wherevnto the youthe resorteth excessively, & ther take infection," (qtd. in Chambers 1923, IV: 17). For an extensive collation of such instances see Chambers, "Documents of Control" IV: 267-322.

Jonas Barish (1981, 83) labels Prynne's text as "a gargantuan encyclopaedia of antitheatrical lore" in which the author seems to collect and repeat the arguments of the war on the stage that had commenced over five decades earlier with Stephen Gosson's *The School of Abuse* (1579).

See especially Levine (1994), Howard (1994), and Orgel (1996).

The connection between theatricality and plague in early modern England has previously been noted by Bullen (1988, 49-52) and Neill (1997, 26). The recurrent figuring of theatre as a plague in antitheatrical discourse has been briefly examined by Elam (1992, 152-59). It is the intention of the present chapter to take this connection somewhat further. For an examination of the conjunction between language, plague, and the notion of the performative, see Elam (1997, 19-27).

For further examples of Shakespearean responses to antitheatricality and the conception of theatre as plague see Slack (2009 and 2010).

The critical heritage on the plague is dominated by socio-demographic studies. For extensive examinations of vic strategy during epidemics, and of plague's decimating effect on England's towns and cities from the fifteenth to the seventeenth centuries, see Mullett (1956), Shrewsbury (1970), Gottfried (1978), and Slack (1985).

Barroll provides an excellent examination of the gap between modern medicine's understanding of plague causation and that professed in sixteenth- and seventeenth-century plague literature (1991, 70-97). See also Slack (1985).

To those observing the development of an epidemic, plague appeared to work contrary to logic, as Benjamin Jonson wrote in 1625; the plague not only had a "hidden beginning" but also a "hidden procession" and only "the effect [. . .] was visible, but the invisible operator and operation was hidden from them, and therein they did beleeve." (C1r-v)

William Bullein describes plague's variable symptoms: "A comyng forth like a *Bubos* are signes of the partes from which they doe swell; as example, in the left side, head, neck, flanches, &c. But often tymes the Plague will not appere" (1578, D8v); Stephen Bradwell, who practiced as a physician during the epidemic of 1625, argues that the vaporous miasma hanging in the city during an outbreak could transform any illness into pestilence "but if my skill in these *Spots* shall yet bee doubted. Know that this was when there dyed betwixte Foure and Fiftie thousand of the *Plague* that weeke : And I will beleve no man that shall tell mee, that any Malignant Feaver must not needs turn into the *Plague* it selfe within the ayre of *London* at the time" (1636, H1r)

See Wear (1985) for a summary of this theological debate about plague's causation.

For a more detailed explanation of the contagionist model see Pater (1958), Nutton (1983), and Pantin (2005).

There has been a recent surge of critical interest in medical thought and the discourses surrounding illness and disease in early modern England. See especially Healy (2001), Harris (2004), Totaro (2005), and Gilman (2009).

The growth in the number of practitioners whose initial calling was religious was matched by the increase in religious publications concerned solely with the subject of plague in the period. Slack has calculated that, for example, fifteen of twenty-eight plague tracts published during the epidemic of 1603 were religious in origin, with the ratio rising slightly to twenty-one of thirty-six between 1625 and 1627 (1985, 24).

See Ballard (2005) for an examination of the way in which antitheatrical discourse reportedly constructed